REQUEST FOR ROCKINGHAM COUNTY CONSERVATION DISTRICT WITNESS OF TEST PITS

In accordance with RSA 676:4, I(g), the North Hampton Zoning Regulations and Subdivision Regulations all test pits shall be observed and logged by the RCCD test pit inspector. The fees of said witnessing shall be borne by the applicant. In order to request witnessing of test pits, the following form shall be submitted to the Building Code Enforcement Officer.

Town of North Hampton	Rockingham County Conservation District 110 North Road
233 Atlantic Ave, PO Box 710 North Hampton NH 03862	Brentwood NH 03833
tel: 603-964-8650 fax: 603-964-1514	tel: 603-679-2790 fax: 603-679-2860
tel. 003-904-8030 1ax. 003-904-1314	tc1. 003-079-2790 Tax. 003-079-2800
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Property Location:	Tax Map # Section # Lot #
Property Owner:	Licensed Designer*:
Telephone #: Cell:	Licensed Installer*:
NOTE: It is the responsibility of the applicant to contact RCCD to make an appointment for the test	
pit inspection. Please allow 4 working days after submission to the Selectmen's office before contacting RCCD. Inspections are normally done on Mondays and Wednesdays, a 24 hour notice is required. Phone 603-679-2790 to request service.	Cell:
number Make check payable to Rockingham Co may be picked up or if accompanied with	sign \$210.00 on Approval \$140.00 per lot; minimum \$210 of lots ounty Conservation District or RCCD. Approved plans th state application & check along with a self-addressed
stamped envelope they will be mailed.	* * * * * * * * * * * * * * * * * * * *
North Hampton Septic Permit fee is \$ required. Phone 603-964-8650 to scho	445.00 Inspection of bed bottom (basal area) is edule inspection.
Date: Amount F	Received: \$ Check #:
From: Ac	Received: \$ Check #: ddress:
Received by:	
******	*********
	ENT OF APPLICANT
I, of	agree to a review of the above sible for any charges that may result from this review.
proposal, and further agree to be respon	sible for any charges that may result from this review.
Signature:	Date: